

This amended Findings AND Decision supercedes all previous decisions rendered in this medical payment dispute involving the above Requestor and Respondent.

The Medical Review's decision of April 3, 2003 was appealed and subsequently withdrawn by an order of the Medical Review Division dated May 12, 2003.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/22/02.

### I. DISPUTE

Whether there should be reimbursement of \$643.58 for dates of service 11/24/01 and extending through 4/26/02. There are no EOBs noted in the dispute packet. Therefore, this dispute will be reviewed as a fee dispute. The Respondent's initial response was received on 12/17/02. No position statement is noted in the Commission's case file.

### II. RATIONALE

Rule 133.304(c) states, "At the time the insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)."

In review of this dispute packet, the Requestor submitted copies of prescription receipts showing proof of payment for: date of service (DOS) 11/24/01, Alprazolam 0.5 mg and Butalbital-Plus for a total of **\$76.88**; DOS 12/17/01, 100 Phrenilin Forte, 30 APAP/Codeine 300-30 mg and 30 Alprazolam 1 mg for a total of **\$51.69**; DOS 1/08/02, 4 Tens Electrodes A4595, 30 Alprazolam 0.5 mg, 40 APAP/Codeine 300-30 mg 120 Phrenilin Forte for a total of **\$89.40**; DOS 1/10/02, Alprazolam 0.5 mg for a total of **\$5.63**; 2/18/02, 120 Phrenilin Forte, 30 Alprazolam 1 mg and 40 APAP/Codeine 300-30 mg for a total of **\$67.38** (includes \$10.00 shipping & Handling fee); 3/06/02, 120 Phrenilin Forte, 30 Alprazolam 1 mg and 40 APAP/Codeine 300-30 mg for a total of **\$57.38**; 3/26/02, 120 Phrenilin Forte, 30 Alprazolam 1 mg and 40 APAP/Codeine 300-30 mg for a total of **\$57.38**; 4/26/02, 160 Phrenilin Forte, 30 Alprazolam 1 mg and 40 APAP/Codeine 300-30 mg for a total of **\$79.28**; 6/01/02, 30 Alprazolam 1 mg and 40 APAP/Codeine 300-30 mg for a total of **\$10.47**; 6/20/02, 160 Phrenilin Forte 650-50 mg, 30 Alprazolam 1 mg and 40 APAP/Codeine 300-30 mg for a total of **\$79.28**; and DOS 8/02/02, 160 Phrenilin Forte 650-50 mg for a total of **\$68.81**.

### III. DECISION & ORDER

Based upon the review of this request, the Medical Review Division has determined that the requestor **is** entitled to reimbursement for dates of services 11/24/01 through 8/02/02. in the amount of **\$ 643.58**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$643.58** to the Requestor within 20 days receipt of this Order.

The above Findings and Decision are hereby issued this 20<sup>th</sup> day of May 2003.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd